MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/					51						
2		i					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		/					57						
8	/						58						
9	/						59						
10	/						60						
11		/					61						
12		/					62						
13		/					63						
14		/					64						
15		/					65						
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17		/					67						
18		a					68						
19		4					69						
20							70						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	⬇		⬇		⬇	TOTAL IND.		⬇		⬇		⬇
TOTAL DEP.	/4	⬅		⬅		⬅	TOTAL DEP.		⬅		⬅		⬅
TOTAL CLAIMS	23						TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMDENDMENTS

FORM PTO-1360